

**MULTIPLE DEPENDENT CLAIMS
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO 470)**

Serial No. 107081820 FILING DATE _____
Applicant(s) _____

CLAIMS					
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
NO.	OFF.	NO.	OFF.	NO.	OFF.
1		1			
2		1			
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TOTAL NO.		4			
TOTAL OFF.		11			
TOTAL					
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TOTAL NO.					
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